

REQUEST TO STAFF CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Health Serv. Mrs. Hassan	DATE: 6-1-2010
FROM: Mario Mancini	REGISTER NO.: 11007-041
WORK ASSIGNMENT: Education	UNIT: Mohawk-A

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I am in pain. My neck and shoulder are throbbing, there is a shooting pain going through my shoulder, tricep and forearm. My pinky and ring fingers go numb frequently. I would also like to know the results of my imaging exam from March. Please get me in this week.

Thank You

(Do not write below this line)

DISPOSITION:

6/7

~~appt. 6/11~~

Signature Staff Member: **PAM SMITH**  
Allied Health Tech.  
ECTM  
Date: 6/2/10

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

GOVERNMENT  
EXHIBIT

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20-CV-2532 (ECT/DTS)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94

